

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | | |
|---|--|--|--------------------------------|------------------------------|------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 6/1/2023 2:54 PM | |
| INCIDENT NUMBER 2023-061341 | | UNIT ASSIGNED 1X80 | CALL DATE 06/01/2023 | CALL TIME 10:26:00 | TYPE OF CALL CUTTINGP | |
| INCIDENT DATE 6/1/2023 10:26:51 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 8615 STANTON RD | | | DISTRICT 82 | |

| OFFENSE | | | |
|--|--|--|--|
| INCIDENT OFFENSE TYPE | | | OFFENSE STATUS |
| 1. BATTERY 1ST DEGREE 2. 3. 4. | | | Attempted Completed |
| 5. 6. 7. 8. | | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> |
| SUSPECTS USED: | | TYPE OF CRIMINAL ACTIVITY: | |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Computer Equip <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (P) Possessing / Concealing | |
| GANG RELATED INFO: | | | |
| <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown | | | |
| LOCATION CODE: | | | |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary | | | |
| <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground | | | |
| <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground | | | |
| <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center | | | |
| (FOR BURGLARY ONLY) | | METHOD OF ENTRY: | |
| NUMBER OF PREMISES ENTERED | | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) | | | |
| <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input checked="" type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) | | | |
| <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

| | | | |
|--|--|--|--|
| ENTRY DATE 06/01/2023 18:10:33 | REPORTING OFFICER KEVIN DUNCAN - | ORIGINAL APPROVING SUPERVISOR ALEC TINER - | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

DUARTE,GONZALO

ADDRESS:

8615 STANTON RD LITTLE ROCK AR 72209

HOME PHONE:

5015038389

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☒ (M) Male☐ (F) Female ☐ (U) Unk.ETHNICITY: ☒ (H) Hispanic☐ (N) Non-Hispanic ☐ (U) Unk.RACE: ☒ (W) White ☐ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

05/04/1989

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident ☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 34

Range: ☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old ☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old ☐ (00) Unknown

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS: (by Suspect Number)

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law
Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

1

(OK) Otherwise Known

(OF) Other Family

(RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

VICTIM TYPE:

☒ (I) Individual☐ (B) Business☐ (F) Financial Inst.☐ (U) Unknown☐ (G) Government☐ (R) Religious☐ (S) Society / Public☐ (O) Other

VICTIM INJURY:

☐ (N) None☐ (M) Apparent Minor Injury☐ (B) Apparent Broken Bones☐ (I) Possible Internal Injury☐ (T) Loss of Teeth☒ (L) Severe Laceration☐ (O) Other Major Injury☐ (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:

☐ (01) Argument☐ (02) Assault on Law Enf Officer☐ (03) Drug Deal☐ (04) Gangland☐ (05) Juvenile Gang☐ (06) Lover's Quarrel☐ (07) Mercy Killings☐ (08) Other Felony Involved☐ (09) Other Circumstances☒ (10) Unknown Circumstances☐ (20) Criminal Killed by Private Citizen☐ (21) Criminal Killed by Police Officer☐ (30) Child Playing w/ Weapon☐ (31) Gun-Cleaning Accident☐ (32) Hunting Accident☐ (33) Other Negligent Weapon Handling☐ (34) Other Negligent Killings

CLOTHING DESCRIPTION

HAT

SHIRT

SHOES

COAT

PANTS/DRESS

SUSPECT #1

| | | | | |
|--|---|---|---|--|
| SUSPECT # 1 | NAME (Last, First, Middle) GUARDADO,RAUL | AKA: | | |
| ARRESTEE # 1 | ADDRESS: 20 LARRY CR LITTLE ROCK AR 72209 | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | | DATE OF BIRTH 05/30/2004 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | |
| AGE: Exact Age: 19 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | NIC: D.L. / ID No. (STATE) | HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____ | WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic) |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: 8407 STANTON RD | | ARREST DATE: 06/01/2023 | | |
| CHARGE: 5-13-201 | | | | |
| ARRESTING OFFICERS OFFICER 1: <u>KEITH CREMEENS -</u> <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR | | | | |

Suspect information continued on next page.

SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

GUARDADO,RAUL

AKA:

COMPLEXION:

- ☐ (1) Light
☒ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

HAIR LENGTH:

- ☐ (1) Long
☒ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

HAIR STYLE:

- ☐ (01) Afro
☐ (02) Wavy
☒ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/Toupee
☐ (10) Other
☐ (11) Unknown

BUILD:

- ☒ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular
☐ (5) Unknown

HAIR COLOR:

- ☒ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Grey
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

EYE COLOR:

- ☐ (1) Blue
☒ (2) Brown
☐ (3) Grey
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven
☐ (02) Unshaven
☐ (03) Full Beard
☐ (04) Must. (hvy)
☒ (05) Must. (thin)
☐ (06) Brows (hvy)
☐ (07) Brows (thin)
☐ (08) Side Burns
☐ (09) Goatee
☐ (10) Other
☐ (11) Unknown

DEMEANOR:

- ☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk / High
☐ (11) Other
☒ (12) Unknown

SCAR / MARK:

- ☐ (01) Head
☐ (02) Neck
☐ (03) Hand (rt)
☐ (04) Hand (lft)
☐ (05) Arm (rt)
☐ (06) Arm (lft)
☐ (07) Body
☐ (08) Leg (rt)
☐ (09) Leg (lft)
☐ (10) Other
☐ (11) None
☒ (12) Unknown

TATTOO:

- ☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☒ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)
☐ (02) Arm (rt)
☐ (03) Leg (lft)
☐ (04) Leg (rt)
☐ (05) Hand (lft)
☐ (06) Hand (rt)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back

CLOTHING DESCRIPTION:

HAT _____
 COAT _____
 SHIRT _____
 PANTS/DRESS _____
 SHOES _____

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

| | | | | | | |
|---|--|---|--|--|---|---|
| OTHER PERSON # 1 | NAME (Last, First, Middle) GUARDADO, MARTHA | | | | | |
| ADDRESS: 5914 PALO ALTO DR LITTLE ROCK AR 72209 | | | | | | |
| HOME PHONE: 5013984115 | | WORK PHONE: | | MOBILE PHONE: | | OTHER PHONE: |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | | DATE OF BIRTH 10/22/1993 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: | | |
| AGE: Exact Age: 29 Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | | HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____ | | |
| COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown | HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown | HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown | SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown | TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back |
| <div>CLOTHING DESCRIPTION</div> <div>HAT _____</div> <div>COAT _____</div> <div>SHIRT _____</div> <div>PANTS/DRESS _____</div> <div>SHOES _____</div> | | | | | | |

| PROPERTY | | | | | | DRUG INFORMATION | | |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS | P.DES | QTY | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE | QUANTITY | MEASURE |
| 0 | 80 | 1.00 | NONE UNKNOW + UNKNOWN KNIFE | 0 | 1 | | 0.00 | |

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

| | | | |
|--|---|---|---|
| PROPERTY DESCRIPTION: (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards | (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money | (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business | (32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property) |
|--|---|---|---|

| | | | | | | | |
|--|--|---|--|--|---|--------------------------------------|--------------------------|
| DRUG TYPE: (A) Crack Cocaine (B) Cocaine (C) Hashish | (D) Heroin (E) Marijuana (F) Morphine (G) Opium | (H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino. | (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates | (O) Other Depressants (P) Other Drugs (U) Unknown Type | TYPE DRUG MEASUREMENT: Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants | Weight (GM) Gram (KG) Kilogram | (OZ) Ounce (LB) Pound |
|--|--|---|--|--|---|--------------------------------------|--------------------------|

| | |
|--|--|
| FOR BURGLARIES: Point of Entry: _____ Tools Apparently Used: _____ | Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce |
|--|--|

NARRATIVE

OFFICERS RESPONDED TO THE REPORT OF A CUTTING AT 8615 STANTON RD. AND MADE CONTACT WITH MR. DUARTE WHO STATED HE WAS STABBED BY A HISPANIC MALE WHILE HE WAS WALKING ON STANTON RD. MEMS ARRIVED SHORTLY AND QUICKLY TRANSPORTED MR. DUARTE TO U.A.M.S. A SOUTHWEST SUPERVISOR AND MAJOR CRIMES DETECTIVES WERE CONTACTED AND RESPONDED. WHILE OFFICERS WERE SEARCHING FOR THE CRIME SCENE, MS. GUARDADO DROVE UP TO THE SCENE WITH HER BROTHER (MR. GUARDADO) WHO STATED HE WAS THE INDIVIDUAL WHO STABBED THE VICTIM. MR. GUARDADO WAS TAKEN INTO CUSTODY, AND THE KNIFE HE USED WAS SECURED. MR. GUARDADO WAS TRANSPORTED TO THE 12TH ST. DETECTIVE DIVISION FOR STATEMENTS. THE KNIFE WAS STORED AT THE 12TH ST. PROPERTY ROOM. MR. GUARDADO WAS TRANSPORTED TO P.C.R.J.

INCIDENT NUMBER 2023-061341

☐ JUVENILE INFORMATION

Report generated: 6/1/2023 2:54 PM

ADDITIONAL HOMICIDE CIRCUMSTANCES

- ☐ (A) Criminal attacked police officer, that officer killed criminal
☐ (B) Criminal attacked police officer, criminal killed by other officer

- ☐ (C) Criminal attacked a civilian
☐ (D) Criminal attempted flight from a crime
☐ (E) Criminal killed in commission of a crime

- ☐ (F) Criminal resisted arrest
☐ (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NO**HATE/BIAS RELATIONSHIP:** ☒ (88) None ☐ YES, SEE BELOW

RACIAL (Anti-)

- ☐ (11) White
☐ (12) Black
☐ (13) American Indian / Alaskan Native
☐ (14) Asian / Pacific Islander
☐ (15) Multi-Racial Group

RELIGIOUS (Anti-)

- ☐ (21) Jewish
☐ (22) Catholic
☐ (23) Protestant
☐ (24) Islamic (Muslim)
☐ (25) Other Religion
☐ (26) Multi-Religious Group
☐ (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic
☐ (33) Other Ethnicity

DISABILITY (Anti-)

- ☐ (51) Physical Disability
☐ (52) Mental Disability

SEXUAL (Anti-)

- ☐ (41) Male Homosexual (Gay)
☐ (42) Female Homosexual (Lesbian)
☐ (43) Homosexual (Gay and Lesbian)
☐ (44) Heterosexual
☐ (45) Bisexual

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | | |
|---|--|------------------------------|--|------------------------------|------------------------------------|-----------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 6/1/2023 2:47 PM | |
| INCIDENT NUMBER 2023-061356 | | UNIT ASSIGNED 1X81 | CALL DATE 06/01/2023 | CALL TIME 11:09:00 | TYPE OF CALL SHOOTP | |
| INCIDENT DATE 6/1/2023 11:09:15 AM | | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 43 WARREN DR ER101 | | | DISTRICT 55 |

OFFENSE

| OFFENSE | | | |
|---|--|---|--|
| INCIDENT OFFENSE TYPE | | OFFENSE STATUS | |
| 1. BATTERY 1ST DEGREE | 5 | Attempted | 1 <input type="checkbox"/> |
| 2. | 6 | Completed | 2 <input checked="" type="checkbox"/> |
| 3. | 7 | | 3 <input type="checkbox"/> |
| 4. | 8 | Attempted | 4 <input type="checkbox"/> |
| | | Completed | 5 <input type="checkbox"/> |
| | | | 6 <input type="checkbox"/> |
| | | | 7 <input type="checkbox"/> |
| | | | 8 <input type="checkbox"/> |
| SUSPECTS USED: | | TYPE OF CRIMINAL ACTIVITY: | |
| <input type="checkbox"/> (A) Alcohol | <input type="checkbox"/> (D) Drugs | <input type="checkbox"/> (B) Buying / Receiving | <input type="checkbox"/> (C) Cultivate / Manufacture / Publish |
| <input type="checkbox"/> (C) Computer Equip | <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | <input type="checkbox"/> (E) Exploiting Children | <input type="checkbox"/> (O) Operating / Promoting / Assisting |
| | | <input type="checkbox"/> (T) Transport / Transmit / Import | <input type="checkbox"/> (U) Using / Consuming |
| | | <input type="checkbox"/> (D) Distributing / Selling | <input type="checkbox"/> (P) Possessing / Concealing |
| LOCATION CODE: | | GANG RELATED INFO: | |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal | <input type="checkbox"/> (16) Lake / Waterway | <input type="checkbox"/> (J) Juvenile Gang | |
| <input type="checkbox"/> (02) Bank / Savings & Loan | <input type="checkbox"/> (17) Liquor Store | <input type="checkbox"/> (G) Other Gang | |
| <input type="checkbox"/> (03) Bar / Night Club | <input type="checkbox"/> (18) Parking Lot / Garage | <input checked="" type="checkbox"/> (N) None / Unknown | |
| <input type="checkbox"/> (04) Church / Synagogue / Temple | <input type="checkbox"/> (19) Rental / Storage Facility | | |
| <input type="checkbox"/> (05) Commercial / Office Building | <input type="checkbox"/> (20) Residence / House | | |
| <input type="checkbox"/> (06) Construction Site | <input type="checkbox"/> (21) Restaurant | | |
| <input type="checkbox"/> (07) Convenience Store | <input type="checkbox"/> (22) School / College | | |
| <input type="checkbox"/> (08) Department / Discount Store | <input type="checkbox"/> (23) Service / Gas Station | | |
| <input type="checkbox"/> (09) Drug Store / DR Office / Hospital | <input checked="" type="checkbox"/> (25) Other / Unknown | | |
| <input type="checkbox"/> (10) Field / Woods | <input type="checkbox"/> (37) Abandoned/Condemned Structure | | |
| <input type="checkbox"/> (11) Government / Public Building | <input type="checkbox"/> (38) Amusement Park | | |
| <input type="checkbox"/> (12) Grocery / Supermarket | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds | | |
| <input type="checkbox"/> (13) Highway / Road / Alley | <input type="checkbox"/> (40) ATM Separate from Bank | | |
| <input type="checkbox"/> (14) Hotel / Motel / Etc | <input type="checkbox"/> (41) Auto Dealership New / Used | | |
| <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (42) Camp / Campground | | |
| (FOR BURGLARY ONLY) | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) | |
| NUMBER OF PREMISES ENTERED _____ | METHOD OF ENTRY: | <input checked="" type="checkbox"/> (11) Firearm (Unknown) | |
| <input type="checkbox"/> (F) Forcible | <input type="checkbox"/> (N) No Force | <input type="checkbox"/> (12) Handgun | |
| | | <input type="checkbox"/> (13) Rifle | |
| | | <input type="checkbox"/> (14) Shotgun | |
| | | <input type="checkbox"/> (15) Other Firearm | |
| | | <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) | |
| | | <input type="checkbox"/> (30) Blunt Object (Club, etc) | |
| | | <input type="checkbox"/> (35) Motor Vehicle (as weapon) | |
| | | <input type="checkbox"/> (40) Personal Weapons (hands, etc) | |
| | | <input type="checkbox"/> (50) Poison | |
| | | <input type="checkbox"/> (60) Explosives | |
| | | <input type="checkbox"/> (65) Fire / Incendiary Device | |
| | | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills | |
| | | <input type="checkbox"/> (85) Asphyxiation | |
| | | <input type="checkbox"/> (90) Other | |
| | | <input type="checkbox"/> (95) Unknown | |
| | | <input type="checkbox"/> (99) None | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

| | | | |
|-----------------------------------|---|--|--|
| ENTRY DATE 06/01/2023 18:17:32 | REPORTING OFFICER CARL TURNER - [REDACTED] | ORIGINAL APPROVING SUPERVISOR ALEC TINER - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|---|--|--|

VICTIM

VICTIM #
1

NAME (Last, First, Middle) or BUSINESS

CLARK, DAVID

ADDRESS:

N/A AR

HOME PHONE:

5017142275

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☒ (M) Male☐ (F) Female ☐ (U) Unk.ETHNICITY: ☐ (H) Hispanic☒ (N) Non-Hispanic ☐ (U) Unk.RACE: ☐ (W) White ☒ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

12/08/1994

RES. STATUS: ☐ (R) Resident☐ (N) Nonresident ☒ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 28

Range: -

☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old☐ (00) Unknown

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS: (by Suspect Number)

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

1 (RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8VICTIM TYPE: ☒ (I) Individual ☐ (B) Business ☐ (F) Financial Inst. ☐ (U) Unknown☐ (G) Government ☐ (R) Religious ☐ (S) Society / Public ☐ (O) Other

VICTIM INJURY:

☐ (N) None☐ (M) Apparent Minor Injury☐ (B) Apparent Broken Bones☒ (I) Possible Internal Injury☐ (T) Loss of Teeth☐ (L) Severe Laceration☐ (O) Other Major Injury☐ (U) UnconsciousnessAGGRAVATED ASSAULT / HOMICIDE: ☐ (01) Argument☐ (02) Assault on Law Enf Officer☐ (03) Drug Deal☐ (04) Gangland☐ (05) Juvenile Gang☐ (06) Lover's Quarrel☐ (07) Mercy Killings☐ (08) Other Felony Involved☐ (09) Other Circumstances☒ (10) Unknown Circumstances☐ (20) Criminal Killed by Private Citizen☐ (21) Criminal Killed by Police Officer☐ (30) Child Playing w/ Weapon☐ (31) Gun-Cleaning Accident☐ (32) Hunting Accident☐ (33) Other Negligent Weapon Handling☐ (34) Other Negligent Killings

CLOTHING DESCRIPTION

HAT

SHIRT

SHOES

COAT

PANTS/DRESS

SUSPECT #1

| | | | | |
|---|---|---|---------------------------------|--|
| SUSPECT # 1 | NAME (Last, First, Middle) ,UNKNOWN | | AKA: | |
| ARRESTEE # | ADDRESS: UNKNOWN AR | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | | DATE OF BIRTH |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | |
| AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC: | HEIGHT: Ft _____ In _____ | WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic c) |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | D.L. / ID No. (STATE) | WEIGHT: Lbs _____ | | |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: | | ARREST DATE: | | |
| CHARGE: 5-13-201 | | | | |
| ARRESTING OFFICERS | | | | |
| OFFICER 1: _____ | <input type="checkbox"/> MVR | OFFICER 5: _____ | <input type="checkbox"/> MVR | |
| OFFICER 2: _____ | <input type="checkbox"/> MVR | OFFICER 6: _____ | <input type="checkbox"/> MVR | |
| OFFICER 3: _____ | <input type="checkbox"/> MVR | OFFICER 7: _____ | <input type="checkbox"/> MVR | |
| OFFICER 4: _____ | <input type="checkbox"/> MVR | OFFICER 8: _____ | <input type="checkbox"/> MVR | |

Suspect information continued on next page.

SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

,UNKNOWN

AKA:

COMPLEXION:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☒ (8) Unknown

HAIR LENGTH:

- ☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☒ (6) Unknown

HAIR STYLE:

- ☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/Toupee
☐ (10) Other
☒ (11) Unknown

BUILD:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular
☒ (5) Unknown

HAIR COLOR:

- ☐ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Grey
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☒ (8) Unknown

EYE COLOR:

- ☐ (1) Blue
☐ (2) Brown
☐ (3) Grey
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☒ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven
☐ (02) Unshaven
☐ (03) Full Beard
☐ (04) Must. (hvy)
☐ (05) Must. (thin)
☐ (06) Brows (hvy)
☐ (07) Brows (thin)
☐ (08) Side Burns
☐ (09) Goatee
☐ (10) Other
☒ (11) Unknown

DEMEANOR:

- ☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk / High
☐ (11) Other
☒ (12) Unknown

SCAR / MARK:

- ☐ (01) Head
☐ (02) Neck
☐ (03) Hand (rt)
☐ (04) Hand (lft)
☐ (05) Arm (rt)
☐ (06) Arm (lft)
☐ (07) Body
☐ (08) Leg (rt)
☐ (09) Leg (lft)
☐ (10) Other
☐ (11) None
☒ (12) Unknown

TATTOO:

- ☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☒ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)
☐ (02) Arm (rt)
☐ (03) Leg (lft)
☐ (04) Leg (rt)
☐ (05) Hand (lft)
☐ (06) Hand (rt)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back

CLOTHING DESCRIPTION:

HAT _____
 COAT _____
 SHIRT _____
 PANTS/DRESS _____
 SHOES _____

ADDED DESCRIPTION:

n/a

INCIDENT NUMBER 2023-061356

☐ JUVENILE INFORMATION

Report generated: 6/1/2023 2:47 PM

VEHICLE #1STATUS: **SUBJECT**

HOLD AUTHORITY:

| | | | | | | |
|---------------|--------------|-----------------|--------------|--------------------|----------------------------------|-------------------|
| YEAR: 2008 | MAKE: GMC | MODEL: YUKON | STYLE: UT | VIN: [REDACTED] | LICENSE NO. (TYPE): ANM21Y PC | LIC YEAR: 2024 |
|---------------|--------------|-----------------|--------------|--------------------|----------------------------------|-------------------|

OWNER'S NAME (Last, First):

ADDRESS:

STATE:

AR

COLOR:

GLD

DISPOSITION OF RECOVERY:

☐ (I) Impounded ☐ (R) Release to Owner

NIC:

INSURANCE POLICY #:

NARRATIVE

I (1X81) RESPONDED TO ST. VINCENT IN REGARDS TO A SHOOTING VICTIM. UPON ARRIVAL, I MADE CONTACT WITH CLARK WHO ADVISED HE WAS GOING TO HIS BROTHER'S APARTMENT AT 43 WARREN DR. WHEN HE HEARD GUNSHOTS COMING FROM AN UNKNOWN DIRECTION. CLARK STATED HE DID NOT KNOW IF SUSPECT 1 WAS SHOOTING AT HIM. CLARK STATED THAT HE JUMPED OVER A WALL AT THE APARTMENTS FOR PROTECTION FROM THE GUNFIRE. CLARK ADVISED THAT HE NOTICED THAT HE HAD GOT SHOT IN THE BUTTOCKS ONCE HE JUMPED OVER THE WALL. CLARK STATED THAT HE JUMPED INTO VEHICLE 1 AND DROVE HIMSELF TO ST. VINCENT HOSPITAL. DETECTIVE REGAL RESPONDED TO THE HOSPITAL AND INTERVIEWED CLARK. DETECTIVE REGAL TOOK PICTURES OF VEHICLE 1. CLARK ADVISED THAT HE WAS NOT INSIDE VEHICLE 1 AT THE TIME OF THE SHOOTING, BUT HE ADVISED THAT HE ONLY DROVE IT TO THE HOSPITAL. NO FURTHER POLICE ACTION TAKEN AT THIS TIME. MVR/BWC WAS IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- ☐ (A) Criminal attacked police officer, that officer killed criminal
☐ (B) Criminal attacked police officer, criminal killed by other officer

- ☐ (C) Criminal attacked a civilian
☐ (D) Criminal attempted flight from a crime
☐ (E) Criminal killed in commission of a crime

- ☐ (F) Criminal resisted arrest
☐ (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/BIAS RELATIONSHIP: ☒ (88) None ☐ YES, SEE BELOW

RACIAL (Anti-)

- ☐ (11) White
☐ (12) Black
☐ (13) American Indian / Alaskan Native
☐ (14) Asian / Pacific Islander
☐ (15) Multi-Racial Group

RELIGIOUS (Anti-)

- ☐ (21) Jewish
☐ (22) Catholic
☐ (23) Protestant
☐ (24) Islamic (Muslim)
☐ (25) Other Religion
☐ (26) Multi-Religious Group
☐ (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic
☐ (33) Other Ethnicity

DISABILITY (Anti-)

- ☐ (51) Physical Disability
☐ (52) Mental Disability

SEXUAL (Anti-)

- ☐ (41) Male Homosexual (Gay)
☐ (42) Female Homosexual (Lesbian)
☐ (43) Homosexual (Gay and Lesbian)
☐ (44) Heterosexual
☐ (45) Bisexual

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|--|--|--|--|------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION | | REDACTED INCIDENT | | Report generated: 6/1/2023 4:27 PM | |
| INCIDENT NUMBER 2023-061360 | | INCIDENT DATE 06/01/2023 | | TYPE OF CALL SHOOTP | |
| INCIDENT DATE 6/1/2023 11:13:56 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 43 WARREN DR 82 | | | DISTRICT 83 |

| OFFENSE | | | |
|--|--|---|--|
| INCIDENT OFFENSE TYPE 1. TERRORISTIC ACT 2. CRIMINAL MISCHIEF 1ST DEGREE FELONY 3. BATTERY 1ST DEGREE 4. | | | OFFENSE STATUS Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> |
| SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | | TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing | |
| GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown | | | |
| LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 33%;"> <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground </div> <div style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center </div> </div> | | | |
| (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) | |
| METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | | <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None | |

| | | | |
|--|--|---|--|
| ENTRY DATE 06/01/2023 17:48:59 | REPORTING OFFICER DMARCUS JOHNSON - [REDACTED] | ORIGINAL APPROVING SUPERVISOR ALEC TINER - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

Redact Before Release

VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

AUTUMN PARK

ADDRESS:

43 WARREN DR LITTLE ROCK AR 72209

HOME PHONE:

5015629115

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male☐ (F) Female ☒ (U) Unk.ETHNICITY: ☐ (H) Hispanic☐ (N) Non-Hispanic ☒ (U) Unk.RACE: ☐ (W) White ☐ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☒ (U) Unknown

DATE OF BIRTH

01/01/2011

RES. STATUS: ☒ (R) Resident☐ (N) Nonresident ☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 12

Range:

☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old☐ (00) Unknown

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS: (by Suspect Number)

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law
Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

1 (RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8VICTIM TYPE: ☐ (I) Individual ☒ (B) Business ☐ (F) Financial Inst. ☐ (U) Unknown☐ (G) Government ☐ (R) Religious ☐ (S) Society / Public ☐ (O) Other

VICTIM INJURY:

☒ (N) None☐ (M) Apparent Minor Injury☐ (B) Apparent Broken Bones☐ (I) Possible Internal Injury☐ (T) Loss of Teeth☐ (L) Severe Laceration☐ (O) Other Major Injury☐ (U) UnconsciousnessAGGRAVATED ASSAULT / HOMICIDE: ☐ (01) Argument☐ (02) Assault on Law Enf Officer☐ (03) Drug Deal☐ (04) Gangland☐ (05) Juvenile Gang☐ (06) Lover's Quarrel☐ (07) Mercy Killings☐ (08) Other Felony Involved☐ (09) Other Circumstances☒ (10) Unknown Circumstances☐ (20) Criminal Killed by Private Citizen☐ (21) Criminal Killed by Police Officer☐ (30) Child Playing w/ Weapon☐ (31) Gun-Cleaning Accident☐ (32) Hunting Accident☐ (33) Other Negligent Weapon Handling☐ (34) Other Negligent Killings

CLOTHING DESCRIPTION

HAT

SHIRT

SHOES

COAT

PANTS/DRESS

Redact Before Release

| VICTIM | | | |
|--|--|---|---|
| VICTIM # 2 | NAME (Last, First, Middle) or BUSINESS CLARK, DAVID | | |
| ADDRESS: 506 MONROE ST HELENA AR 72342 | | | |
| HOME PHONE: 0000000000 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 12/08/1994 |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | |
| AGE: Exact Age: 28 Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) [REDACTED] | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse 1 (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family 1 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | |
| VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

Redact Before Release

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|--|---|---|--|---|---|---|---|--|---|---|---|--|---|--|--|---|--|---|---|--|--|--|--|
| VICTIM # 3 | NAME (Last, First, Middle) or BUSINESS REDACTED PER AR §9-27-309(j) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE: Exact Age: <u>10</u> Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) 000000000 | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td><input type="checkbox"/> (SE) Spouse</td><td><input type="checkbox"/> (AQ) Acquaintance</td></tr><tr><td><input type="checkbox"/> (CS) Common-Law Spouse</td><td><input type="checkbox"/> (FR) Friend</td></tr><tr><td><input type="checkbox"/> (PA) Parent</td><td><input type="checkbox"/> (NE) Neighbor</td></tr><tr><td><input type="checkbox"/> (SB) Sibling</td><td><input type="checkbox"/> (BE) Babysitter (baby)</td></tr><tr><td><input type="checkbox"/> (CH) Child</td><td><input type="checkbox"/> (BG) Boy/Girl Friend</td></tr><tr><td><input type="checkbox"/> (GP) Grandparents</td><td><input type="checkbox"/> (CF) Child of BF / GF</td></tr><tr><td><input type="checkbox"/> (GC) Grandchild</td><td><input type="checkbox"/> (HR) Homosexual Rel.</td></tr><tr><td><input type="checkbox"/> (IL) Inlaw</td><td><input type="checkbox"/> (XS) Ex-Spouse</td></tr><tr><td><input type="checkbox"/> (SP) Stepparent</td><td><input type="checkbox"/> (EE) Employee</td></tr><tr><td><input type="checkbox"/> (SC) Stepchild</td><td><input type="checkbox"/> (ER) Employer</td></tr><tr><td><input type="checkbox"/> (SS) Stepsibling</td><td><input type="checkbox"/> (OK) Otherwise Known</td></tr><tr><td><input type="checkbox"/> (OF) Other Family</td><td><input type="checkbox"/> (RU) Relationship Unknown</td></tr><tr><td><input type="checkbox"/> (ST) Stranger</td><td><input type="checkbox"/> (VO) Victim Was Suspect</td></tr></table> | <input type="checkbox"/> (SE) Spouse | <input type="checkbox"/> (AQ) Acquaintance | <input type="checkbox"/> (CS) Common-Law Spouse | <input type="checkbox"/> (FR) Friend | <input type="checkbox"/> (PA) Parent | <input type="checkbox"/> (NE) Neighbor | <input type="checkbox"/> (SB) Sibling | <input type="checkbox"/> (BE) Babysitter (baby) | <input type="checkbox"/> (CH) Child | <input type="checkbox"/> (BG) Boy/Girl Friend | <input type="checkbox"/> (GP) Grandparents | <input type="checkbox"/> (CF) Child of BF / GF | <input type="checkbox"/> (GC) Grandchild | <input type="checkbox"/> (HR) Homosexual Rel. | <input type="checkbox"/> (IL) Inlaw | <input type="checkbox"/> (XS) Ex-Spouse | <input type="checkbox"/> (SP) Stepparent | <input type="checkbox"/> (EE) Employee | <input type="checkbox"/> (SC) Stepchild | <input type="checkbox"/> (ER) Employer | <input type="checkbox"/> (SS) Stepsibling | <input type="checkbox"/> (OK) Otherwise Known | <input type="checkbox"/> (OF) Other Family | <input type="checkbox"/> (RU) Relationship Unknown | <input type="checkbox"/> (ST) Stranger | <input type="checkbox"/> (VO) Victim Was Suspect |
| <input type="checkbox"/> (SE) Spouse | <input type="checkbox"/> (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (CS) Common-Law Spouse | <input type="checkbox"/> (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (PA) Parent | <input type="checkbox"/> (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SB) Sibling | <input type="checkbox"/> (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (CH) Child | <input type="checkbox"/> (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (GP) Grandparents | <input type="checkbox"/> (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (GC) Grandchild | <input type="checkbox"/> (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (IL) Inlaw | <input type="checkbox"/> (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SP) Stepparent | <input type="checkbox"/> (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SC) Stepchild | <input type="checkbox"/> (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SS) Stepsibling | <input type="checkbox"/> (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (OF) Other Family | <input type="checkbox"/> (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (ST) Stranger | <input type="checkbox"/> (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM INJURY: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <input type="checkbox"/> (N) None | <input type="checkbox"/> (M) Apparent Minor Injury | <input type="checkbox"/> (B) Apparent Broken Bones | <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (N) None | <input type="checkbox"/> (M) Apparent Minor Injury | <input type="checkbox"/> (B) Apparent Broken Bones | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td></tr><tr><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (21) Criminal Killed by Police Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Redact Before Release

| VICTIM | | | |
|--|--|---|---|
| VICTIM # 4 | NAME (Last, First, Middle) or BUSINESS PERKINS,SHAKIA | | |
| ADDRESS: 43 WARREN DR APT 73 LITTLE ROCK AR 72209 | | | |
| HOME PHONE: 5019130680 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 07/10/1997 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | |
| AGE: Exact Age: 25 Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> (SE) Spouse 1 (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparents (GC) Grandchild (IL) Inlaw (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family (ST) Stranger </div> <div style="width: 50%;"> (AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysitter (baby) (BG) Boy/Girl Friend (CF) Child of BF / GF (HR) Homosexual Rel. (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RU) Relationship Unknown (VO) Victim Was Suspect </div> </div> |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | |
| VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

Redact Before Release

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|--|---|---|--|---|---|---|---|---|---|---|--|---|--|--|--|---|--|---|---|--|--|--|--|
| VICTIM # 5 | NAME (Last, First, Middle) or BUSINESS REDACTED PER AR §9-27-309(j) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE: Exact Age: <u>1</u> Range: <u>-</u> <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) 000000000 | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td><input type="checkbox"/> (SE) Spouse</td><td><input type="checkbox"/> (AQ) Acquaintance</td></tr><tr><td><input type="checkbox"/> (CS) Common-Law Spouse</td><td><input type="checkbox"/> (FR) Friend</td></tr><tr><td><input type="checkbox"/> (PA) Parent</td><td><input type="checkbox"/> (NE) Neighbor</td></tr><tr><td><input type="checkbox"/> (SB) Sibling</td><td><input type="checkbox"/> (BE) Babysitter (baby)</td></tr><tr><td><input type="checkbox"/> (CH) Child</td><td><input type="checkbox"/> (BG) Boy/Girl Friend</td></tr><tr><td><input type="checkbox"/> (GP) Grandparents</td><td><input type="checkbox"/> (CF) Child of BF / GF</td></tr><tr><td><input type="checkbox"/> (GC) Grandchild</td><td><input type="checkbox"/> (HR) Homosexual Rel.</td></tr><tr><td><input type="checkbox"/> (IL) Inlaw</td><td><input type="checkbox"/> (XS) Ex-Spouse</td></tr><tr><td><input type="checkbox"/> (SP) Stepparent</td><td><input type="checkbox"/> (EE) Employee</td></tr><tr><td><input type="checkbox"/> (SC) Stepchild</td><td><input type="checkbox"/> (ER) Employer</td></tr><tr><td><input type="checkbox"/> (SS) Stepsibling</td><td><input type="checkbox"/> (OK) Otherwise Known</td></tr><tr><td><input type="checkbox"/> (OF) Other Family</td><td><input type="checkbox"/> (RU) Relationship Unknown</td></tr><tr><td><input type="checkbox"/> (ST) Stranger</td><td><input type="checkbox"/> (VO) Victim Was Suspect</td></tr></table> | <input type="checkbox"/> (SE) Spouse | <input type="checkbox"/> (AQ) Acquaintance | <input type="checkbox"/> (CS) Common-Law Spouse | <input type="checkbox"/> (FR) Friend | <input type="checkbox"/> (PA) Parent | <input type="checkbox"/> (NE) Neighbor | <input type="checkbox"/> (SB) Sibling | <input type="checkbox"/> (BE) Babysitter (baby) | <input type="checkbox"/> (CH) Child | <input type="checkbox"/> (BG) Boy/Girl Friend | <input type="checkbox"/> (GP) Grandparents | <input type="checkbox"/> (CF) Child of BF / GF | <input type="checkbox"/> (GC) Grandchild | <input type="checkbox"/> (HR) Homosexual Rel. | <input type="checkbox"/> (IL) Inlaw | <input type="checkbox"/> (XS) Ex-Spouse | <input type="checkbox"/> (SP) Stepparent | <input type="checkbox"/> (EE) Employee | <input type="checkbox"/> (SC) Stepchild | <input type="checkbox"/> (ER) Employer | <input type="checkbox"/> (SS) Stepsibling | <input type="checkbox"/> (OK) Otherwise Known | <input type="checkbox"/> (OF) Other Family | <input type="checkbox"/> (RU) Relationship Unknown | <input type="checkbox"/> (ST) Stranger | <input type="checkbox"/> (VO) Victim Was Suspect |
| <input type="checkbox"/> (SE) Spouse | <input type="checkbox"/> (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (CS) Common-Law Spouse | <input type="checkbox"/> (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (PA) Parent | <input type="checkbox"/> (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SB) Sibling | <input type="checkbox"/> (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (CH) Child | <input type="checkbox"/> (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (GP) Grandparents | <input type="checkbox"/> (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (GC) Grandchild | <input type="checkbox"/> (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (IL) Inlaw | <input type="checkbox"/> (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SP) Stepparent | <input type="checkbox"/> (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SC) Stepchild | <input type="checkbox"/> (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (SS) Stepsibling | <input type="checkbox"/> (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (OF) Other Family | <input type="checkbox"/> (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (ST) Stranger | <input type="checkbox"/> (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM INJURY: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <input type="checkbox"/> (N) None | <input type="checkbox"/> (M) Apparent Minor Injury | <input type="checkbox"/> (B) Apparent Broken Bones | <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td></tr><tr><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td><td></td></tr></table> | | | | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | |
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| <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INCIDENT NUMBER 2023-061360

Report Contains Juvenile Information

[X] JUVENILE INFORMATION

Report generated: 6/1/2023 4:27 PM

Redact Before Release

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|-----------------------|-----------------|--|----------------------|------------|--|----------------|-----------------|--|---------------|----------------|--|---------------|------------------|--|----------------------|-------------------|---|---------------------------|---------------|--|-------------------------|
| VICTIM # 6 | NAME (Last, First, Middle) or BUSINESS CAMPBELL, ANDREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 43 WARREN DR LITTLE ROCK AR 72209 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5012580034 | | WORK PHONE: | MOBILE PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 10/30/1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE: Exact Age: <u>23</u> Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td>(SE) Spouse</td><td>1</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td></td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td></td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td></td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td></td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td></td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td></td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td></td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td></td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td></td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td></td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>1</td><td>(RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td></td><td>(VO) Victim Was Suspect</td></tr></table> | (SE) Spouse | 1 | (AQ) Acquaintance | (CS) Common-Law Spouse | | (FR) Friend | (PA) Parent | | (NE) Neighbor | (SB) Sibling | | (BE) Babysitter (baby) | (CH) Child | | (BG) Boy/Girl Friend | (GP) Grandparents | | (CF) Child of BF / GF | (GC) Grandchild | | (HR) Homosexual Rel. | (IL) Inlaw | | (XS) Ex-Spouse | (SP) Stepparent | | (EE) Employee | (SC) Stepchild | | (ER) Employer | (SS) Stepsibling | | (OK) Otherwise Known | (OF) Other Family | 1 | (RU) Relationship Unknown | (ST) Stranger | | (VO) Victim Was Suspect |
| (SE) Spouse | 1 | (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CS) Common-Law Spouse | | (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PA) Parent | | (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SB) Sibling | | (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CH) Child | | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 | (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM INJURY: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <input type="checkbox"/> (N) None | <input type="checkbox"/> (M) Apparent Minor Injury | <input type="checkbox"/> (B) Apparent Broken Bones | <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Redact Before Release

| VICTIM | | | |
|--|--|---|---|
| VICTIM # 7 | NAME (Last, First, Middle) or BUSINESS KEMP,BERRIC | | |
| ADDRESS: 43 WARREN DR 74 LITTLE ROCK AR 72209 | | | |
| HOME PHONE: 5016513065 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 12/17/1999 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | |
| AGE: Exact Age: 23 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) United States | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse 1 (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family 1 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | |
| VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

Redact Before Release

| VICTIM | | | |
|--|--|---|---|
| VICTIM # 8 | NAME (Last, First, Middle) or BUSINESS FORD, BILLY | | |
| ADDRESS: 43 WARREN DR 82 LITTLE ROCK AR 72209 | | | |
| HOME PHONE: 5017444389 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 07/25/1958 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | |
| AGE: Exact Age: 64 Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) United States | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse 1 (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family 1 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | |
| VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

Redact Before Release

| VICTIM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|---|---|--|---|---|---|---|---|---|---|--|---|--|--|-----------------------|-----------------|--|----------------------|------------|--|----------------|-----------------|--|---------------|----------------|--|---------------|------------------|--|----------------------|-------------------|---|---------------------------|---------------|--|-------------------------|
| VICTIM # 9 | NAME (Last, First, Middle) or BUSINESS KILPATRICK,FELECIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 43 WARREN DR LITTLE ROCK AR 72209 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 0000000000 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 07/24/1967 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE: Exact Age: 55 Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) [REDACTED] | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td>(SE) Spouse</td><td>1</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td></td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td></td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td></td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td></td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td></td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td></td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td></td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td></td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td></td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td></td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>1</td><td>(RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td></td><td>(VO) Victim Was Suspect</td></tr></table> | (SE) Spouse | 1 | (AQ) Acquaintance | (CS) Common-Law Spouse | | (FR) Friend | (PA) Parent | | (NE) Neighbor | (SB) Sibling | | (BE) Babysitter (baby) | (CH) Child | | (BG) Boy/Girl Friend | (GP) Grandparents | | (CF) Child of BF / GF | (GC) Grandchild | | (HR) Homosexual Rel. | (IL) Inlaw | | (XS) Ex-Spouse | (SP) Stepparent | | (EE) Employee | (SC) Stepchild | | (ER) Employer | (SS) Stepsibling | | (OK) Otherwise Known | (OF) Other Family | 1 | (RU) Relationship Unknown | (ST) Stranger | | (VO) Victim Was Suspect |
| (SE) Spouse | 1 | (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CS) Common-Law Spouse | | (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PA) Parent | | (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SB) Sibling | | (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CH) Child | | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 | (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM INJURY: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <input type="checkbox"/> (N) None | <input type="checkbox"/> (M) Apparent Minor Injury | <input type="checkbox"/> (B) Apparent Broken Bones | <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (N) None | <input type="checkbox"/> (M) Apparent Minor Injury | <input type="checkbox"/> (B) Apparent Broken Bones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth | <input type="checkbox"/> (L) Severe Laceration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td></tr><tr><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td><td></td></tr></table> | | | | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Redact Before Release

| SUSPECT #1 | | | | | |
|---|---|--|--|--|------|
| SUSPECT # 1 | NAME (Last, First, Middle) ,UNKNOWN | | | | AKA: |
| ARRESTEE # | ADDRESS: 99 UNKNOWN LITTLE ROCK AR | | | | |
| HOME PHONE: | | WORK PHONE: | | MOBILE PHONE: | |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | |
| DATE OF BIRTH | | OCCUPATION / EMPLOYER: | | | |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | | |
| AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" type="checkbox"/> V8 | | NIC: | |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | | WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass | |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody | | | |
| ARREST LOCATION: | | ARREST DATE: | | | |
| CHARGE: 5-13-310 5-38-203F 5-13-201 | | | | | |
| ARRESTING OFFICERS | | | | | |
| OFFICER 1: _____ | | <input type="checkbox"/> MVR | | OFFICER 5: _____ | |
| OFFICER 2: _____ | | <input type="checkbox"/> MVR | | OFFICER 6: _____ | |
| OFFICER 3: _____ | | <input type="checkbox"/> MVR | | OFFICER 7: _____ | |
| OFFICER 4: _____ | | <input type="checkbox"/> MVR | | OFFICER 8: _____ | |

Suspect information continued on next page.

Redact Before Release

SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1 | ,UNKNOWN | |

| | | | | | | |
|---|--|---|--|--|---|---|
| COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown | HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown | HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown | SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown | TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown |
| HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input checked="" type="checkbox"/> (6) Unknown | BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown | EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input checked="" type="checkbox"/> (7) Unknown | CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back |

ADDED DESCRIPTION:

n/a

Redact Before Release

OTHER PERSONS - CONTACT

| | | | | | | | |
|---|--|--|-----------------------------------|--|--|---|--|
| OTHER PERSON # 1 | NAME (Last, First, Middle) HERNANDEZ, AMALIA | | | | | | |
| ADDRESS: AR | | | | | | | |
| HOME PHONE: 5012975160 | | WORK PHONE: | | MOBILE PHONE: | | OTHER PHONE: | |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | | DATE OF BIRTH | |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: | | | |
| AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | | NIC: D.L. / ID No. (STATE) | | HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____ | | |
| COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown | | HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown | | HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown | | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown | |
| HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown | | EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown | | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown | | SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown | |
| BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown | | TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown | | TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back | | CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | |

Redact Before Release

OTHER PERSONS - CONTACT

| | | | | | | |
|---|--|---|--|--|---|---|
| OTHER PERSON # 2 | NAME (Last, First, Middle) WOODLEY, EARNESTINE | | | | | |
| ADDRESS: 43 WARREN DR LITTLE ROCK AR 72209 | | | | | | |
| HOME PHONE: 5012315715 | | WORK PHONE: | MOBILE PHONE: | | | |
| OTHER PHONE: | | | | | | |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 02/12/1945 | | | |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | | | |
| AGE: Exact Age: 78 Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____ | | | |
| COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown | HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown | HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown | SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown | TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back |
| CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | | | | |

INCIDENT NUMBER 2023-061360

Report Contains Juvenile Information

[X] JUVENILE INFORMATION

Report generated: 6/1/2023 4:27 PM

Redact Before Release

VEHICLE #1

STATUS: SUBJECT

HOLD AUTHORITY:

YEAR:

2004

MAKE:

HOND

MODEL:

SANIFA

STYLE:

UT

VIN:

LICENSE NO. (TYPE):

080WHX

PC

LIC YEAR:

2023

OWNER'S NAME (Last, First):

ADDRESS:

STATE:

AR

COLOR:

BLU

DISPOSITION OF RECOVERY:

☐ (I) Impounded☐ (R) Release to Owner

NIC:

INSURANCE POLICY #:

INCIDENT NUMBER 2023-061360

Report Contains Juvenile Information

[X] JUVENILE INFORMATION

Report generated: 6/1/2023 4:27 PM

Redact Before Release

| PROPERTY | | | | | | DRUG INFORMATION | | |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS | P.DES | QTY | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE | QUANTITY | MEASURE |
| 4 | 03 | 1.00 | 080WHX HONDA BLU SFE VEHICLE | 0 | 1 | | 0.00 | |
| 4 | 77 | 1.00 | UNK UNK WHT UNK APARTMENT BUILDING | 0 | 0.01 | | 0.00 | |

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

| | | | | |
|-----------------------|--|---|---|---|
| PROPERTY DESCRIPTION: | (10) Drugs/Narcotics (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards | (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money | (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business | (32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property) |
|-----------------------|--|---|---|---|

| | | | | |
|------------|---|---|--|--|
| DRUG TYPE: | (D) Heroin (A) Crack Cocaine (B) Cocaine (C) Hashish | (H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino. | (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates | (O) Other Depressants (P) Other Drugs (U) Unknown Type |
|------------|---|---|--|--|

TYPE DRUG MEASUREMENT:

| | | |
|--|--------------------------------------|--------------------------|
| Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants | Weight (GM) Gram (KG) Kilogram | (OZ) Ounce (LB) Pound |
|--|--------------------------------------|--------------------------|

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

Capacity
(ML) Milliliter (GL) Gallon
(LT) Liter (FO) Fluid Ounce

Redact Before Release

NARRATIVE

OFFICERS RESPONDED TO THE ABOVE LISTED LOCATION IN REFERENCE TO A SHOOTING. OFFICERS MADE CONTACT WITH V7, BENNIC KEMP, IN APARTMENT 74. KEMP ADVISED OFFICERS HE HEARD GUNSHOTS BUT NEVER OPENED THE DOOR. OFFICERS SEARCHED THE AREA OF THE LISTED ADDRESS AND FOUND SEVERAL SPENT RIFLE AND PISTOL CASINGS. MORE WITNESSES WHO WISH TO REMAIN ANONYMOUS ADVISED OFFICERS THEY HEARD GUNSHOTS AND SCREAMING. WITNESSES ADVISED OFFICERS THAT VIC 2 GOT INTO A VEHICLE AND LEFT THE AREA. OFFICER TURNER (1Y81) RESPONDED TO A LOCAL HOSPITAL TO MAKE CONTACT WITH VICT 2 WHO ADVISED HE WAS SHOT AT THIS LOCATION (2023-061356). VIC 1(AUTUMN PARK) HAD THE FENCE AND CALL BOX STRUCK BY GUN FIRE AND CONT 1, THE MANAGER, WAS NOTIFIED. VIC 3-VIC 8 HAD THEIR APARTMENTS STRUCK BY GUN FIRE. VIC 9 IS THE OWNER OF VEH 1 WHICH WAS STRUCK BY GUN FIRE. CONT 2 IS THE GRANDMOTHER OF VIC 3(JUVENILE). MAJOR CRIMES DETECTIVES, CRIME SCENE AND A SOUTHWEST SUPERVISOR WERE NOTIFIED AND RESPONDED TO THE SCENE. MVR 18C438 IN USE.

Redact Before Release

ADDITIONAL HOMICIDE CIRCUMSTANCES

- ☐ (A) Criminal attacked police officer, that officer killed criminal
☐ (B) Criminal attacked police officer, criminal killed by other officer

- ☐ (C) Criminal attacked a civilian
☐ (D) Criminal attempted flight from a crime
☐ (E) Criminal killed in commission of a crime

- ☐ (F) Criminal resisted arrest
☐ (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/BIAS RELATIONSHIP: ☒ (88) None ☐ YES, SEE BELOW

RACIAL (Anti-)

- ☐ (11) White
☐ (12) Black
☐ (13) American Indian / Alaskan Native
☐ (14) Asian / Pacific Islander
☐ (15) Multi-Racial Group

RELIGIOUS (Anti-)

- ☐ (21) Jewish
☐ (22) Catholic
☐ (23) Protestant
☐ (24) Islamic (Muslim)
☐ (25) Other Religion
☐ (26) Multi-Religious Group
☐ (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic
☐ (33) Other Ethnicity

DISABILITY (Anti-)
☐ (51) Physical Disability
☐ (52) Mental Disability

SEXUAL (Anti-)

- ☐ (41) Male Homosexual (Gay)
☐ (42) Female Homosexual (Lesbian)
☐ (43) Homosexual (Gay and Lesbian)
☐ (44) Heterosexual
☐ (45) Bisexual

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|---|------------------------------|--|------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 6/1/2023 11:51 PM |
| INCIDENT NUMBER 2023-061610 | UNIT ASSIGNED 2X81 | CALL DATE 06/01/2023 | CALL TIME 20:52:00 | TYPE OF CALL ROBBIN | |
| INCIDENT DATE 6/1/2023 8:52:03 PM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 11 RICHSMITH DR | | | DISTRICT 91 |

| OFFENSE | | | |
|--|---|---|---|
| INCIDENT OFFENSE TYPE 1. AGGRAVATED ROBBERY (INDIVIDUAL) 5. 2. THEFT MOTOR VEHICLE 6. 3. 7. 4. 8. | | | OFFENSE STATUS Attempted 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Attempted 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Completed 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> |
| SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing | | GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown |
| LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 33%;"> <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input checked="" type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground </div> <div style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center </div> </div> | | | |
| (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (11) Firearm (Unknown) <input checked="" type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None </div> </div> | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

| | | | |
|--|---|---|--|
| ENTRY DATE 06/02/2023 02:41:14 | REPORTING OFFICER CAMERON GITZ - [REDACTED] | ORIGINAL APPROVING SUPERVISOR ANDREW HUTCHISON - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

WARE,JASMINE

ADDRESS:

5 WINDSOR CR LITTLE ROCK AR 72209

HOME PHONE:

5017128982

WORK PHONE:

5018007904

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male☒ (F) Female ☐ (U) Unk.ETHNICITY: ☐ (H) Hispanic☒ (N) Non-Hispanic ☐ (U) Unk.RACE: ☐ (W) White ☒ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

01/01/1989

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident ☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 34

Range: ☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old ☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old ☐ (00) Unknown

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS: (by Suspect Number)

(SE) Spouse (AQ) Acquaintance

(CS) Common-Law Spouse (FR) Friend

(PA) Parent (NE) Neighbor

(SB) Sibling (BE) Babysitter (baby)

(CH) Child (BG) Boy/Girl Friend

(GP) Grandparents (CF) Child of BF / GF

(GC) Grandchild (HR) Homosexual Rel.

(IL) Inlaw (XS) Ex-Spouse

(SP) Stepparent (EE) Employee

(SC) Stepchild (ER) Employer

(SS) Stepsibling (OK) Otherwise Known

(OF) Other Family 1 (RU) Relationship Unknown

(ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8VICTIM TYPE: ☒ (I) Individual ☐ (B) Business ☐ (F) Financial Inst. ☐ (U) Unknown☐ (G) Government ☐ (R) Religious ☐ (S) Society / Public ☐ (O) Other

VICTIM INJURY:

☒ (N) None☐ (M) Apparent Minor Injury☐ (B) Apparent Broken Bones☐ (I) Possible Internal Injury☐ (T) Loss of Teeth☐ (L) Severe Laceration☐ (O) Other Major Injury☐ (U) UnconsciousnessAGGRAVATED ASSAULT / HOMICIDE: ☐ (01) Argument☐ (02) Assault on Law Enf Officer☐ (03) Drug Deal☐ (04) Gangland☐ (05) Juvenile Gang☐ (06) Lover's Quarrel☐ (07) Mercy Killings☐ (08) Other Felony Involved☐ (09) Other Circumstances☐ (10) Unknown Circumstances☐ (20) Criminal Killed by Private Citizen☐ (21) Criminal Killed by Police Officer☐ (30) Child Playing w/ Weapon☐ (31) Gun-Cleaning Accident☐ (32) Hunting Accident☐ (33) Other Negligent Weapon Handling ☐ (34) Other Negligent Killings

CLOTHING DESCRIPTION

HAT

SHIRT

SHOES

COAT

PANTS/DRESS

SUSPECT #1

| | | | | |
|---|---|---|---------------------------------------|--|
| SUSPECT # 1 | NAME (Last, First, Middle) UNKNOWN, | | AKA: | |
| ARRESTEE # | ADDRESS: UNKNOWN AR | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | | DATE OF BIRTH |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | |
| AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC: | HEIGHT: Ft <u>5</u> In <u>9</u> | WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic) |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | WEIGHT: Lbs <u>110</u> | |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: | | | ARREST DATE: | |
| CHARGE: 5-12-103I | | | | |
| ARRESTING OFFICERS | | | | |
| OFFICER 1: _____ | <input type="checkbox"/> MVR | OFFICER 5: _____ | <input type="checkbox"/> MVR | |
| OFFICER 2: _____ | <input type="checkbox"/> MVR | OFFICER 6: _____ | <input type="checkbox"/> MVR | |
| OFFICER 3: _____ | <input type="checkbox"/> MVR | OFFICER 7: _____ | <input type="checkbox"/> MVR | |
| OFFICER 4: _____ | <input type="checkbox"/> MVR | OFFICER 8: _____ | <input type="checkbox"/> MVR | |

Suspect information continued on next page.

SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

UNKNOWN,

AKA:

COMPLEXION:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☒ (8) Unknown

HAIR LENGTH:

- ☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☒ (6) Unknown

HAIR STYLE:

- ☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/Toupee
☐ (10) Other
☒ (11) Unknown

BUILD:

- ☒ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular
☐ (5) Unknown

HAIR COLOR:

- ☐ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Grey
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☒ (8) Unknown

EYE COLOR:

- ☐ (1) Blue
☐ (2) Brown
☐ (3) Grey
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☒ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven
☐ (02) Unshaven
☐ (03) Full Beard
☐ (04) Must. (hvy)
☐ (05) Must. (thin)
☐ (06) Brows (hvy)
☐ (07) Brows (thin)
☐ (08) Side Burns
☐ (09) Goatee
☐ (10) Other
☒ (11) Unknown

DEMEANOR:

- ☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk / High
☐ (11) Other
☒ (12) Unknown

SCAR / MARK:

- ☐ (01) Head
☐ (02) Neck
☐ (03) Hand (rt)
☐ (04) Hand (lft)
☐ (05) Arm (rt)
☐ (06) Arm (lft)
☐ (07) Body
☐ (08) Leg (rt)
☐ (09) Leg (lft)
☐ (10) Other
☐ (11) None
☒ (12) Unknown

TATTOO:

- ☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☒ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)
☐ (02) Arm (rt)
☐ (03) Leg (lft)
☐ (04) Leg (rt)
☐ (05) Hand (lft)
☐ (06) Hand (rt)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

INCIDENT NUMBER 2023-061610

☐ JUVENILE INFORMATION

Report generated: 6/1/2023 11:51 PM

VEHICLE #1STATUS: **STOLEN**

HOLD AUTHORITY:

YEAR:

0

MAKE:

MODEL:

STYLE:

VIN:

LICENSE NO. (TYPE):

ACD07P

LIC YEAR:

2023

OWNER'S NAME (Last, First):

ADDRESS:

STATE:

AR

COLOR:

GRY

DISPOSITION OF RECOVERY:

☐ (I) Impounded ☐ (R) Release to Owner

NIC:

V625096674

INSURANCE POLICY #:

| PROPERTY | | | | | | DRUG INFORMATION | | |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS | P.DES | QTY | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE | QUANTITY | MEASURE |
| 7 | 03 | 1.00 | ■■■■■■■■■■ NISSAN GLD ALTIMA MISSING FRONT PASSENGER MIRROR COVER | 0 | 1 | | 0.00 | |
| 7 | 09 | 1.00 | N/A N/A + N/A CREDIT CARDS | 0 | 1 | | 0.00 | |
| 7 | 65 | 1.00 | N/A ARKANS + DL ARKANSAS DL | 0 | 50 | | 0.00 | |

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

| | | | |
|-------------------------------------|--|-------------------------------------|--|
| PROPERTY DESCRIPTION: | (10) Drugs/Narcotics | (21) Negotiable Instruments | (32) Structures-Industrial/Manufacture |
| | (11) Drug/Narcotic Equipment | (22) Nonnegotiable Instruments | (33) Structures-Public/Community |
| (01) Aircraft | (12) Farm Equipment | (23) Office-Type Equipment | (34) Structures-Storage |
| (02) Alcohol | (13) Firearms | (24) Other Motor Vehicles | (35) Structures-Other |
| (03) Automobiles | (14) Gambling Equipment | (25) Purses/Handbags/Wallets | (36) Tools-Power/Hand/Lawnmower |
| (04) Bicycles | (15) Heavy Equipment Construction/ Industry | (26) Radios/TVs/VCR | (37) Trucks |
| (05) Buses | (16) Household Good | (27) Recordings-Audio/Visual | (38) Vehicle Parts/Accessories |
| (06) Clothes/Furs | (17) Jewelry/Precious Metal | (28) Recreational Vehicles | (39) Watercraft |
| (07) Computer Hardware/ Software | (18) Livestock | (29) Structures-Single Occupancy | (77) Other |
| (08) Consumable Goods | (19) Merchandise | (30) Structures-Other Dwellings | (88) Pending Inventory (of Property) |
| (09) Credit Cards/Debit Cards | (20) Money | (31) Structures-Commercial/Business | |

| | | | | |
|-------------------|---------------|----------------------|---------------------------------------|-----------------------|
| DRUG TYPE: | (D) Heroin | (H) Other Narcotics | (L) Amphetamines/ Methamphetamines | (O) Other Depressants |
| (A) Crack Cocaine | (E) Marijuana | (I) LSD | (M) Other Stimulants | (P) Other Drugs |
| (B) Cocaine | (F) Morphine | (J) PCP | (N) Barbituates | (U) Unknown Type |
| (C) Hashish | (G) Opium | (K) Other Hallucino. | | |

TYPE DRUG MEASUREMENT:

| | | |
|-----------------------|---------------|------------|
| Units | Weight | |
| (DU) Dosage Unit | (GM) Gram | (OZ) Ounce |
| (Pills, etc) | (KG) Kilogram | (LB) Pound |
| (NP) Number of Plants | | |

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

Capacity
(ML) Milliliter (GL) Gallon
(LT) Liter (FO) Fluid Ounce

NARRATIVE

OFFICERS RESPONDED TO THE LISTED ADDRESS FOR A ROBBERY OF AN INDIVIDUAL CALL. UPON ARRIVAL OFFICERS WERE MET BY THE VICTIM, MS JASMINE WARE. MS WARE ADVISED SHE WAS DROPPING FOOD OFF AT THE LOCATION AND WHEN SHE DROVE INTO THE PARKING LOT SHE OBSERVED A SKINNY BLACK MALE WEARING ALL BLACK APPEARING TO ALSO BE WEARING A BLACK SKI MASK. MS WARE STATED SHE PARKED HER CAR, A 2006 NISSAN ALTIMA BEARING AR LPN ACD07P, AND AS SHE WAS WALKING UP TO THE APARTMENTS SHE TURNED TO SEE THE BLACK MALE STANDING BEHIND HER HOLDING A BLACK HANDGUN. THE MALE STATED "GIVE ME YOUR KEYS" AND CONTINUED TO HOLD THE FIREARM (MS WARE WAS UNABLE TO ADVISE IF THE INDIVIDUAL POINTED THE FIREARM AT HER OR WAS AIMING IT DOWNWARDS). MS WARE GAVE THE SUBJECT HER CAR KEYS AND HE FLED IN THE VEHICLE IN AN UNKNOWN DIRECTION OF TRAVEL. MS WARE ADVISED INSIDE THE VEHICLE WAS ALSO HER ARKANSAS ID AND CREDIT CARDS. NONE OF THE CARDS HAVE BEEN USED AT THE TIME OF THIS REPORT. A BROADCAST WAS MADE REGARDING THE VEHICLE INCLUDING ALL INFORMATION. THE ON DUTY SUPERVISOR WAS NOTIFIED OF THE INCIDENT. AN EMAIL WAS SENT TO ACIC TO HAVE THE VEHICLE LISTED AS STOLEN. MS WARE WAS PROVIDED A COPY OF THE INCIDENT NUMBER. A FAMILY MEMBER RESPONDED TO THE SCENE TO PICK UP MS WARE. MVR/BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- ☐ (A) Criminal attacked police officer, that officer killed criminal
☐ (B) Criminal attacked police officer, criminal killed by other officer

- ☐ (C) Criminal attacked a civilian
☐ (D) Criminal attempted flight from a crime
☐ (E) Criminal killed in commission of a crime

- ☐ (F) Criminal resisted arrest
☐ (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING? ☒ YES ☐ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NO**HATE/BIAS RELATIONSHIP:** ☒ (88) None ☐ YES, SEE BELOW

RACIAL (Anti-)

- ☐ (11) White
☐ (12) Black
☐ (13) American Indian / Alaskan Native
☐ (14) Asian / Pacific Islander
☐ (15) Multi-Racial Group

RELIGIOUS (Anti-)

- ☐ (21) Jewish
☐ (22) Catholic
☐ (23) Protestant
☐ (24) Islamic (Muslim)
☐ (25) Other Religion
☐ (26) Multi-Religious Group
☐ (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic
☐ (33) Other Ethnicity

DISABILITY (Anti-)

- ☐ (51) Physical Disability
☐ (52) Mental Disability

SEXUAL (Anti-)

- ☐ (41) Male Homosexual (Gay)
☐ (42) Female Homosexual (Lesbian)
☐ (43) Homosexual (Gay and Lesbian)
☐ (44) Heterosexual
☐ (45) Bisexual